# REASONS

# WHY THE OFFICE OF CORONER

SHOULD BE HELD BY A MEMBER OF

# THE MEDICAL PROFESSION.

BY

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To W. MITCHELL BANKS, F.R.C.S., Eng.,

EX-PRESIDENT OF THE LIVERPOOL MEDICAL INSTITUTION,
PROFESSOR OF ANATOMY, LIVERPOOL UNIVERSITY
COLLEGE, HONORARY SURGEON TO THE
LIVERPOOL ROYAL INFIRMARY,
ETC., ETC.

THE FOLLOWING PAGES ARE INSCRIBED AS A TOKEN OF ESTEEM
AND REGARD FROM HIS GREATLY OBLIGED FRIEND

THE AUTHOR.


# REASONS WHY THE OFFICE OF CORONER SHOULD BE HELD BY A MEMBER OF THE MEDICAL PROFESSION.

By Frederick W. Lowndes, M.R.C.S., Eng.

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On the 10th December, 1891, the office of coroner for the city of Liverpool became vacant by the death of Mr. Clarke Aspinall, who had held it for a period of twenty-four years. Under the existing law Mr. C. S. Samuell, the deputy coroner, also ceased to hold office, and it became necessary to elect a new coroner within ten days. Meanwhile at the request of the city council, conveyed through the Town Clerk, Mr. Samuel Brighouse, coroner for the West Derby District, performed the duties of city coroner *ad interim.*

On the day following Mr. Aspinall's death, Dr. William Carter, Ex-President of the Liverpool Medical Institution, called upon me, and stated that it was the wish of many members of the profession that I should become a candidate for the vacant office. I consented to do so, intimating at the same time to Dr. Carter that I had reason to believe that none but a barrister or solicitor would be appointed. Subsequently I received the following letter:—

Dear Mr. Lowndes,

We, the undersigned of your fellow Medical Practitioners in Liverpool, believing that your exceptionally wide and accurate knowledge of the legal bearings of medical questions would enable you to fill the office of coroner with credit to yourself and much advantage to the community, beg to express the hope that you will become a candidate for the post, and to assure you of our warm support in case you consent to do so.

To this were appended seventy signatures, including with very few exceptions, all the leading physicians, surgeons, and general practitioners of the city. More signatures would have been obtained, I was assured, had time permitted. Feeling very deeply such an expression of confidence from my professional brethren, I felt bound not only to become a candidate, but to use every effort in my power to obtain the appointment. But I found it hopeless to persuade city councillors that any but a solicitor should have the office. Had not Mr. Sampson been elected, either Mr. Brighouse, or Mr. Lynskey, both of whom are solicitors, would have obtained the vacant office. During the progress of the election, however, I received 22 votes, and am, I believe, the only member of my profession who has received any support whatever, on any previous occasion.

I purpose in the following pages, to give the grounds upon which medical candidates for the office of coroner base their claims. In doing so, I wish to disclaim entirely any hostile feeling to Mr. Sampson, the present coroner before whom I have already given evidence, and by whom I have been most courteously received. He has been duly elected, he may therefore rely upon my loyal assistance, and I am sure I may add upon that of any or all of my professional brethren, so far as our duties to him are concerned, and we wish him health and long life in his new sphere. Nor must I be understood as writing in any but friendly feelings towards the members of the legal profession. Belonging as I do to a family of solicitors, I have the greatest respect to the profession as a body, and number amongst it many valued friends as well as relatives. Still less would I wish to reflect upon the late coroner, between whom and myself there always

existed—since I first made his acquaintance twenty three years ago, the closest friendship. I hope, moreover, that no one will think that I am writing under any feelings of chagrin at not being elected. It would have involved what would have constituted a great sacrifice—entire separation from hospital and private practice, and the abandoning of other work which is a great solace to me in leisure moments. The question of legal or medical coroners is not a mere narrow local one, but one of very wide importance, involving very grave issues. Since Mr. Aspinall's death, the office of coroner for the city of Chester, has been rendered vacant by the death of Mr. Tatlock. Other vacancies will arise in the natural order of events in this county, in that of Cheshire, and elsewhere. It will be well for all those with whom the election will rest—city, town, or county councillors, to be thoroughly aquainted with the subject in all its bearings. I shall proceed to give these to the best of my ability under their various appropriate headings and in chronological order. And, first,

## How to Avoid a Hasty Election.

Some months before the death of Mr. Aspinall the coronership for the borough of Birmingham became vacant by the death of Mr. Hawkes, solicitor. He had held the office since the death of Dr. Birt Davies, who, in his turn, had held it for a period of nearly thirty years. The Town Council of Birmingham and its inhabitants had, therefore, enjoyed an excellent opportunity of studying the question of medical *versus* legal coroner by those surest of all tests — practical experience of each, and the inexorable logic of facts. Though bound, like the City Council of Liverpool, to make the election within ten days, they, in order

to avoid a hasty or ill-considered one, elected the deputy coroner for North Warwickshire *ad interim*, on the understanding that he should resign on the 1st December. Meanwhile the subject became one of general discussion in Birmingham and its neighbourhood, as well as in the medical and daily press. The result was the election of Mr. Oliver Pemberton, a local surgeon, who had for many years past frequently given evidence before the late coroners in important medico-legal cases, and whose reputation extends all over England. I may here mention that his salary is £1,000 per annum, and that he is required to devote the whole of his time to the duties of his office. The population of Birmingham is less than that of Liverpool by 88,780, and though the circumstance of its containing so many factories may contribute to fatal accidents, these must be more than counterbalanced by the fatalities incidental to a sea-port having docks, ship-building yards, and other centres of industry, and of accidents. These facts are a sufficient answer to those who look upon the office of city coroner as a sinecure, which may be held conjointly with that of deputy-stipendiary magistrate. I shall allude to this subject again later on, meanwhile I pass on to the

### Qualifications of Coroner—The Incorporated Law Society of Liverpool and the Liverpool Medical Institution.

Now, the qualifications of the coroner are by no means restricted to any particular profession. Any fit person may hold it who is not at the time an alderman or councillor.* By custom it has gradually come to be limited to barristers, solicitors, and members of the

*By a strange anomaly the deputy-coroner must be, by the Coroner's Act of 1887, a barrister or solicitor.

medical profession, as will be seen on reference to the Table of Coroners in England and Wales, in the Appendix, (page 32). From this it appears that the legal coroners comprise five-sixths, the medical coroners one-sixth of all those whose qualifications are given. The President of the Incorporated Law Society of Liverpool, Mr. Warr, suggested to the City Council the appointment of a solicitor on the grounds that the Bar had the monopoly of all the judicial appointments except that of coroner. But he ought not to have ignored the fact that solicitors have open to them a large number of lucrative appointments in the shape of town and city clerks, clerks to the magistrates, clerks to the various Boards of Guardians, clerks of the Peace, &c., &c., though some of these do not absolutely require legal qualifications. On the other hand this office of coroner is the only one, not strictly medical, which is open to members of the medical profession. I shall show later on, that it is practically a medical one and ought to be regarded as entirely so under the existing state of circumstances. Mr. Warr also urged that the appointment of a local solicitor was one which had worked well. This is a question which I shall proceed to answer. Prior to the appointment of the late Mr. Philip Finch Curry as the first coroner for Liverpool under the Municipal Reform Act, the office was performed in rotation by the bailiffs. Mr. Curry and Mr. Aspinall were the only two solicitors who have held the office, hence the appointment of a solicitor so far as Liverpool is concerned, does not possess the claims of great antiquity. Let us now turn to the resolution passed at the Liverpool Medical Institution, on the 17th December last.

"Considering the nature of the coroner's duties, this

meeting of the Liverpool Medical Institution, is of opinion that they can be more efficiently performed by a medical man, who has thoroughly acquainted himself with the legal bearings of medical questions, than by any gentleman who has not had the advantage of a medical training." The remainder being personal to myself and a repetition of what I have already given I omit. Impartial observers will, I think, agree that the requisition of the doctors has the merit of being more logical than that of the lawyers. I pass on now to the various stages of an inquest.

Information is sent to the coroner of a case which is believed to come within his cognizance and here arises a most important matter, viz.: the

### Discretionary Powers of a Coroner.

These will be judged by a reference to the note, at the end of the return of inquests for the year ending 29th September, 1891, (see appendix page 32.) From this it appears that out of a total of 1696 cases investigated by the coroner during that year, in 897 cases he did not consider an inquest necessary, but made a merely informal inquiry. Now we must exclude from these 897 cases, all deaths from violence in which an inquest must have been held as a matter of course, and so we have it clear that the greater proportion of them were sudden deaths, deaths in which there was no medical certificate of its cause produced, deaths in which there had been no medical attendance, and deaths the causes of which were doubtful. In other words, out of 1696 cases referred to the coroner, in 53 per cent, he, exercising his discretionary powers, dispensed with a formal inquest and held an informal inquiry. But this is not all. In these cases it is the

duty of the coroner to forward to the registrar of the sub-district in which the death occurred, a certificate, giving the name and age of the deceased, with other particulars and *the probable cause of death.*

Now, if every legal coroner had associated with him, a medical assessor whom he would be bound to consult in every case where a discretionary power had to be exercised, the case would be very different. But it is not so, and the coroner has absolute discretion in all these cases. In all seriousness I ask is a solicitor as such competent to perform this duty? A medical certificate of the cause of death can only be given by a duly registered medical practitioner who has actually attended the deceased during the last illness. And yet a legal coroner without any previous medical training is presumed to be competent to say that the cause of death in any particular case was natural, that an inquest was unnecessary, and that the probable cause was "Convulsions," "Heart Disease." "Bronchitis," "Paralysis," (probably),"Apoplexy," "Tuberculosis and Diarrhœa," "Failure of Heart's Action," &c. These are all specimens of supposed cause of death forwarded to a local registrar by legal coroners. It may be news to these gentlemen to learn that their certificates are subjected in their turn to a very wholesome scrutiny by medical officers of health to whom they must often provide much amusement. It is scarcely necessary to say that they are frequently found to be as wholly incorrect and as exquisitely absurd as would be the conclusions of a medical practitioner as to the cases which ought or ought not to be sent for trial at the Nisi Prius Court.

But it may be asked cannot the coroner consult the medical practitioner who has attended the deceased, or in the absence of any such medical attendant some other

medical practitioner? This is begging two very important questions. A medical practitioner whether physician, surgeon, or a general one, can neither demand nor receive a fee from the coroner unless he shall have been duly summoned by the latter and have given evidence upon oath. But supposing that as a matter of courtesy he has given every information, it still rests absolutely with the coroner's discretion as to whether an inquest shall or shall not be held; moreover should an inquest be held, it still remains for the coroner to decide whether he shall call medical evidence or dispense with it entirely.

While on this point I may refer to a speech made by Dr. Benjamin Ward Richardson, of London, to the freeholders of Middlesex, on behalf of Dr. Danford Thomas, the present coroner for the central division of that county, at the time of his candidature. I have substituted the word "councillor" for that of freeholder, since all the future elections for coroner, which would have rested with them, will now be in the hands of county councillors, thus assimilating their functions in this respect to those of their fellow town and city councillors. Dr. Richardson's words will apply most appropriately to "councillors" all round, whether Conservatives, Liberal Unionists, Radicals or Home Rulers.

"The law is laid down that an inquest shall be held *in visu corporis*, which of itself conveys that the cause of death shall be ascertained. Do we not generally say in these cases, when we want to know the cause of death, that the person to consult is a medical man? Has a "councillor" any doubt upon this? I will reason it out with him fairly. Let us put the coroner out of the question; let us suppose there is no coroner; and that some person in seeming perfect health rises in the morning alive and well, enjoys his breakfast and then suddenly dies, nobody can tell why. In this case there is no one of the family who can duly enquire into the cause of death, and say what was the nature of the

death? Suppose, therefore, an enquiry were necessary, would the "councillor" in such a case send for an attorney to determine the cause? Not at all, he would send for the doctor, by whom the enquiry would be conducted. The doctor would probably make a *post-mortem* examination if he did not know how to assign the cause of death. If that failed to satisfy, he might think it necessary to have some other learned man to see if the tissues of the body were healthy—to use the microscope. Would the friend of the dead person send for on attorney to use the microscope? No, he would naturally apply again to a medical man. Suppose this did not suffice, and a chemical examination were necessary, would he send for a lawyer? Not at all, he would send for a chemist. And if, after all, the facts found by these men wanted bringing into shape and adjudicating upon, do you for a moment suppose that a lawyer would be sent for? It would be preposterous, as preposterous as it would be if a lease had to be drawn, or a conveyance made out, to send for a doctor instead of an attorney for that duty! No! he would send for some other learned medical authority, who could duly appreciate and report on all the facts."

In other words, councillors should do collectively what they would do as individuals; this seems only reasonable.

Let us now assume that it is decided to hold an inquest, and that the jury are assembled. It will hardly be disputed that a medical coroner is as competent as any lawyer to administer the oath to the jury, and, as we have seen, more competent to explain to them the nature of the cases into which they are about to inquire. It is one great advantage of the coroner's court, whether it be held in a specially provided one, as that in Liverpool, Manchester, and other large towns and cities, or in the parlour of a public-house, that the oath is administered to jurors and witnesses by the coroner himself, and not by a subordinate official. I trust that the practice of swearing witnesses in batches or wholesale will soon become obsolete, and that all witnesses will be separately sworn as each gives evidence. I also venture to hope

that the more solemn mode of adjuration, with uplifted right hand and the repetition of the words by the witness himself or herself, will gradually come to be generally adopted in England and Wales, as it has always been in Scotland. It is most important that all jurors and witnesses should be solemnly impressed the first and every time they take an oath.

The next step in the inquest is

### Viewing the Body,

A proceeding which is generally considered to be a farce, and strong expostulations have been made of late by jurors as to the needlessness of this very repulsive part of their duty. It need not be a farce, and is not so when the coroner is an experienced medical practitioner. When the coroner is a barrister or solicitor, without any medical training, a farce it is and a farce it must continue to be. Let us examine this point more closely. Prior to his appointment as coroner, the lawyer has probably not seen half-a-dozen dead bodies in his life, and these he saw not for any medical training, but merely as a friend or relative. To him the dead body was 'a something covered up, which, though dumb, announced itself in awful language,' and after a hasty glance at the face, he has been glad to escape from the scene. For some time after his appointment as coroner this necessary part of the duty must be extremely repugnant to his feelings, and even after this has worn off and familiarity has made him more acquainted with *post mortem* appearances, his experience still only amounts to that little learning which we all know to be a dangerous thing. It will be convenient here to trace the ancient history of this viewing of the body, as it shows what was its object

in former times, and also indicates what should be its object now. The statute *De Officio Coronatoris*, passed in the reign of Edward I., is acted upon by Coroners to this day. "The Coroner, upon information, shall go to the places where any be slain, or suddenly dead, or wounded, and shall forthwith command four of the next towns, or five or six, to appear before him in such a place." Shortening the remainder of this clause, it will suffice to state that a searching inquiry is to be made by the Coroner as to how, when, and where the deceased came by his or her death. "All wounds ought to be viewed, the length, breadth, and deepness, and with what weapons, and in what part of the body the wound or hurt is, and how many be culpable, and how many wounds there be, and who gave the wound." And, "Of them that be drowned or suddenly dead; whether they were so drowned or slain or strangled, by the sign of a cord tied straight about their necks, or about any of their members, or upon any other hurt found upon their bodies."

Now the Coroner at that time was neither a Lawyer nor Doctor, but a Knight "of the most meet and most lawful men of the county." In those feudal times, he must have been often called upon to interfere in cases where powers had been used arbitrarily and when gross abuses had resulted therefrom. Doubtless he was jealous of his authority, and in all probability the quaint lines in "The Brothers of Birchington" had their origin in fact. The good Prior of the Monastery having been found in the paddock "stone dead"—

> "They sent for the Mayor,
> And the Doctor—a pair
> Of grave men, who began to discuss the affair;
> When in came the Coroner bouncing with fury,
> Because as he said 't was pooh-poohing his jury."
>
> —*Ingoldsby Legends.*

In those days moreover physicians were few and far between, while of surgeons there were none. Hence the importance of a careful external examination of each body found, and of all such appearances as are indicative of sudden or violent deaths. Descriptions more or less correct are to be found in lay as well as in medical works, and the following very accurate description of the signs of asphyxia will be recognized by readers of Shakespeare:

"But see, his face is black and full of blood;
His eyeballs further out than when he lived,
Staring, full ghastly, like a strangled man;
His hair upreared; his nostrils stretched with struggling;
His hands abroad displayed, as one that grasped
And tugged for life, and was by strength subdued."

2 *Henry VI., Act III., Scene 2.*

The times have changed since then, and it must be obvious to any impartial person how much more competent an experienced medical practitioner is to perform this duty, than a barrister or solicitor, whatever legal experience he may have. The latter must, in the very nature of things, be a veritable "prentice hand" at such work—not so the doctor. For, from the very commencement of his anatomical studies, he begins, so to speak, to qualify himself for this duty. During his student's career, he sees hundreds of dead bodies under all circumstances, comprising those who have died from natural causes of all kinds, and from injuries of every description, accidental, suicidal or homicidal. In his after career, as house surgeon, or assistant to some practitioner, he attends inquests, and makes *post-mortem* examinations for the coroner. To many practitioners, the study of pathology, the performance of these examinations possesses much interest, and amongst these might be found men who would make admirable coroners, though I am far from

wishing it to be understood that any or every medical praetitioner would be suitable for the offiee. The viewing of the body by the eoroner and jury, is indispensable, the burial order which the eoroner gives, is for the burial of the body shown to the inquest jury as that of A.B., and an inquest without a view, is null and void. It ought to be made as little repulsive as is possible to the jury, more espeeially in hot weather, and when from any cause deeomposition has advanced. At the Prince's Dock Mortuary, an arrangement has been made, by which bodies ean be viewed through a window without entering the mortuary ehamber, and this arrangement might be adopted whenever feasible. Having viewed the body, we return to the Court, and the next step is

### Taking the Evidence of the Witnesses.

This is the part of a coroner's duties whieh is supposed to require a legal training. I have heard barristers assert that solieitors know very little about evidence, and solieitors have made a similar assertion respeeting barristers. Leaving them to solve this question among themselves, I may remark that the late Mr. Wakley, the most experieneed and best of eoroners, a medieal one, observed that all the law necessary for a eoroner to acquire eould be learnt in a day. His suecessor, the late Dr. Lankester, stated that only onee in every 300 inquests, in his experience, did any technieal legal question occur. In the remaining 299 eases the only question to decide was the eause of death and that alone. But I cannot admit for a moment that there is any justification for the question put by some members of the bar, by some solicitors, and by laymen—"What ean a doctor know about evidenee?" Passing over the sneer con-

veyed as to the doctor's ignorance of evidence, I would remind all who use such an argument, of what they must be perfectly aware, viz., that with regard to disease and death, the daily experience of every medical practitioner, whether physician, surgeon, specialist, or general practitioner, is that acquired by the careful study of evidence, both oral and circumstantial. From the day on which he commences his student's career until he retires from practice or quits this mortal sphere, the medical man's life is spent in weighing and sifting the evidence before him, which is all the more difficult for him because it is not given on oath. The truth has to be extracted from patients by a most careful process of examination, cross-examination, and re-examination. Patients are not always candid with their medical advisers, and the truth has often to be literally dragged from them, just as judges and counsel have to do from unwilling witnesses in court. Many patients, moreover, furnish in their symptoms and appearances circumstantial evidence diametrically opposed to their own direct or oral evidence. After years of practice, taking the evidence of witnesses in the coroner's court would be a very mild proceeding.

"As moonlight after sunlight,
As water after wine."

Besides, it must not be forgotten that many experienced medical practitioners have had opportunities of learning the duties of coroner, in that best of all schools, as lookers on, who see most of the game. My own experience of the Liverpool coroner's court comprises a period of nearly twenty-seven years, during which I have given evidence in some hundreds of cases. Besides these, I have given evidence before the late county coroner, Mr. Driffield, and coroners in Middlesex and Oxfordshire. Many other practitioners, older than myself, have had

longer and more varied experience. Surely it will be admitted that men with such experience can at least lay some claim to competence for the office of coroner, and that they do not bring such prentice hands to the taking of evidence that their legal friends do to the viewing of bodies.

A coroner's court is not strictly a legal court, nor a court of justice, but a court of first instance. In saying this, I wish to guard against two extremes. I am far from denying the value of this court of first instance; it is of the utmost importance that valuable evidence should be secured at the time while events are fresh in the witnesses' memories, and that every article which can throw light on the cause or manner of death should be produced. In the recent case of John Conway, charged with the wilful murder of the boy Nicholas Martin, the promptitude and sagacity of Mr. H. Allbutt, the Deputy-Head Constable, secured what was really the crucial part of the case. A torn label found in the oven of the prisoner's office fitted exactly the irregular hole left in the brown paper found round the boy's body. Moreover the prompt action of the police enabled the prisoner to be arrested, not red-handed it is true, but sufficiently soon for the crime to be fully proved by what Justice A. L. Smith called 'clear and cogent' evidence. On the other hand, it must be remembered that the court of first instance, in other words, the coroner's court, is liable to be the centre of gossip and sensational rumours which, if care be not taken, may lead to error. In 1855, there occurred at Rochdale, the murder of a woman under very extraordinary circumstances. The coroner's jury returned a verdict of "Wilful murder" against a man named King, and he was duly committed for trial. For-

tunately he was able to prove an *alibi* and his innocence; the real murderer, a man named Heywood, between whom and King a most extraordinary resemblance existed, being subsequently arrested, tried, convicted, and executed. It was a case of mistaken identity.

In the majority of cases which come before the coroner, the evidence of the lay witnesses will give little or no difficulty. With regard to the medical evidence, I must answer one objection, which has been often urged by legal candidates for the office of coroner, and by others—that a medical coroner would be liable to screen his professional brethren from blame should they show ignorance in giving evidence, or have been guilty of any neglect. This objection is easily answered. A coroner is duly sworn to the impartial discharge of his duties and to question his impartiality is as wrong as to question that of any judge, recorder, or magistrate. Moreover it is not urged that judges would show any partiality to barristers or solicitors, should they become litigants and witnesses. But let us see what are the facts. First, I will again quote Dr. Richardson.

"We Doctors, when we give evidence at an inquest, feel altogether different, as far as our feeling is concerned, according to the Coroner we go before. When I was a young man I lectured on Medical Jurisprudence, and my lectures being popular, I was often asked to conduct *post-mortem* examinations, and to prepare or give evidence before the Coroner. For seven or eight years I had much practice of this kind in London. There was at that time one of the most remarkable men in London as Coroner for this district—Mr. Wakley—a man of intense earnestness, force of character, indomitable courage, and sound freedom of expression in the views which he took. He was a Medical Coroner. And I remember well how very different a matter it was to give evidence before Mr. Wakley compared with giving it before a Coroner who knew nothing about medicine. It was simply impossible to make a mistake before Mr.

Wakley, for there he was ever ready to test the truth down to the bottom. If it came to a question of chemistry, anatomy, pathology, Mr. Wakley was ready; woe be to him who made a mistake even in use of terms: and the result was that never have the public interests been so well served as from the time when Mr. Wakley, as a Coroner, took them in hand. It is natural that a witness, giving evidence on technical points, should feel more anxiety, and be more exact, if he goes before a man who is himself a competent judge of the matter, than if he goes before a man who has no knowledge of the subject beyond the rest of the community."

Dr. Lankester, who succeeded Mr. Wakley, was by no means popular with all the medical witnesses who gave evidence before him, and showed his determination not to overlook any of their shortcomings. I could add many instances of the most perfect impartiality on the part of medical coroners towards their professional brethren, but these are quite sufficient. There are no grounds whatever for assuming that medical coroners would not act with quite as strict impartiality as legal coroners.

### The Summing-up and Verdict.

Having finished the evidence, the coroner sums it up to the jury. In all but comparatively few cases this is simple enough, since all that is required is the cause of death, and a medical coroner is more competent than any to direct the jury as to this. The verdict must, of course, be theirs; but it is perfectly open to him to make suggestions, and such findings as some of those given in the Return for 1891 (see Appendix page 31) certainly admit of improvement. Such verdicts as "Found dead," "Excessive drinking," "Natural causes," condemn themselves. It does not require a coroner and twelve jurors to find such an obvious verdict as is suggested in the first, since an inquest with so meagre a result need not be held at all. Such a verdict ought to be as extinct as the almost

obsolete one of "Died by the visitation of God." The cause of death should in each case be clearly stated, and in any doubtful ease a *post-mortem* examination should be ordered The cause of death then becomes a fact obvious to the eye of the examiner, and all doubt is removed.

The remaining duties of the eoroner—the signing of the inquisition, of the burial eertifieate, and of the notice to the registrar—are all perfectly simple, and present no diffieulty.

I would here remark that the work performed by the eity eoroner is more likely to inerease than to diminish in future years. If, therefore, a yearly average of 1,700 eases are to be inquired into by him separately and personally; and if inquests are to be held in half of these, he will have quite enough to do without taking any additional duties, sueh as have been suggested. I would very respectfully ask whether the holding of inquests at H. M. Prison, Walton, is eompatible with the position of a eity Justice of the Peace? Should the eoroner have any leisure time it might be very profitably employed in preparing a more detailed and elaborate report of the inquests annually held by him, than the very meagre one whieh I have given in the Appendix. The annual report of the Liverpool eity eoroner might be made a most interesting and valuable document, eontaining very useful suggestions for the future prevention of many of the deaths inquired into by him, especially those of ehildren killed by suffocation, negleet, &e. Many of the accidents, moreover, which oeeur in our midst are more or less preventable. There is hardly an inquest held which does not teach something.

And I may here answer those who consider that

coroners and their inquests are superfluous, and would reform them away altogether. This is absurd, there must be a court of first instance, and it is very significant that in Scotland there have been from time to time agitations for a coroner's inquest instead of the procurator fiscal's inquiry; which, though possessing its advantages, is by no means perfect. What is required, is to improve, not to abolish the coroner's court. In addition to that one which is the main object of this paper, I would suggest the following reforms :—

1. The reduction of the number of jurors from twelve as at present to five as in the County Court. This would be a great boon to those who have now to serve, especially in cases where it is necessary to adjourn the inquest.

2. Greater uniformity in the mode of sending information to the coroner and greater promptitude in doing so. For want of this, coroners are in too many cases not informed until some time after death and after decomposition has advanced, much to the annoyance of of coroner, jury, and all concerned.

3. Better agreement among coroners as to the cases in which an inquest is necessary, and those in which it may be dispensed with. At present the vagaries in this respect are so great that "crowner's quest law" is still quoted as another term for what is ridiculous, and "farcial inquests" are still complained of. As the legal coroners comprise five-sixths of the whole number, they must accept the responsibility for at least the greater number.

4. In all cases where a charge of murder, manslaughter, or neglect is brought against any one the *post mortem* examination should be made by two medical men. One should be the practitioner who attended the deceased during life, or the one first called to see the body after death; the

other should be one skilled in the making of such examinations, and with a competent knowledge of medical jurisprudence. This latter was suggested at the Social Science Congress in Liverpool, in 1877, by Lord Herschell, then Sir F. Hersehell, Q.C. Medical coroners had adopted it many years previously to that.

5. Medical practitioners should have ample notice given them of their attendance being required at an inquest, and sufficient time to make a complete *post mortem* examination when this is required. What is done hurriedly cannot be done well.

Other reforms might be suggested, but these are the more important. I feel confident that being practical, and the result of considerable experience, they will commend themselves to coroners, both legal and medical.

I trust that I have now given not only reasons, but good, sound, logical reasons why the office of coroner should be held by a member of the medical, rather than one of the legal profession. It may be urged that though my arguments are correct as to those cases where the cause of death is the only object of the inquiry; that they do not apply to those cases where a charge of murder is involved, where the public mind is much agitated, and the daily press is filled with animated discussions as to the guilt or innocence of an accused person. In these cases it may be urged that a legal coroner would be better. To this I may answer that the question as to the cause of death is all important, since upon it rests the other question, as to whether it is or is not a case of foul play. I will, therefore, cite a few cases in point.

### 1. The Hounslow Flogging Case.

Although most persons are aware that flogging in the

army was formerly permitted to the extent of barbarity and subsequently abolished, very few are aware that it is to the late Mr. Wakley, the medical coroner already referred to, that we are indebted for its abolition. Thanks to his courage, fearlessness, and determination the true story of the unfortunate soldier, who died after receiving a flogging of one hundred and fifty lashes, was probed to the core, and exposed to the public in all its cruel realities. It is difficult for anyone to realize at this day what this involved. The most strenuous efforts were made to hush the matter up. Every obstacle was thrown in the way of inquiry, and even some of Mr. Wakley's own professional brethren were opposed to him both during and after the inquest. Still he never flinched from the first intimation he had of the death. As the body had been buried before being completely examined, he caused it to be exhumed, and carefully examined by the late Mr. Erasmus Wilson, one of the greatest anatomists of the day. The result was the following verdict:—"That, on the 11th day of July, 1846, the deceased solidier, Frederick John White, died from the mortal effects of a severe and cruel flogging of one hundred and fifty lashes, which he received with certain whips on the 16th day of June, 1846, at the cavalry barracks on Hounslow Heath, at Heston, and that the said flogging was inflicted upon him under a sentence passed by a District Court-Martial composed of officers of the 7th Regiment of Hussars, duly constituted for his trial. That the said Court-Martial was authorized by law to pass the severe and cruel sentence; and that the said flogging was inflicted upon the back and neck of the said Frederick John White by two farriers, in the presence of John James Whyte, the Lieutenant-Colonel, and

James Low Warran, the Surgeon of the said regiment; and that so and by means of the said flogging the death of the said Frederick John White was caused." The jury also stated that they could not refrain from expressing their horror and disgust at the existence of any law which permitted such revolting punishment upon British soldiers.

### 2. A Grave Charge Disproved.

In 1850, the same coroner held an inquest at Hillingdon, on the body of a man who had quarrelled with another man who was in custody at the time of the inquest on the charge of having caused his death. The two men were seen to fall to the ground together while struggling and fighting; they were then separated. About two hours afterwards the deceased, who appeared quite well, was observed to rise from the dinner table and leave the room. He was found leaning against the cottage, as if in a falling position, and he expired in two or three minutes. His opponent was charged before a magistrate with manslaughter. At the inquest the medical witness deposed that he found all the organs in a very healthy state, except the brain, which was excessively congested, and he attributed death to apoplexy. At the suggestion of the coroner, the witness examined more minutely the mouth and throat which he had not previously done, and found a large piece of meat wedged in the opening of the throat, this had caused death by suffocation. The accused was at once discharged.

### 3. The Case of Palmer, the Rugely Poisoner.

Never was the coroner's inquest more thoroughly placed upon its trial than in that upon the body of John Parsons Cook, the victim of William Palmer, whose

alleged wholesale poisonings so startled the country in the year 1855. The coroner for the district, a solicitor, declined at first to hold an inquest. It is true that a medical certificate of death from natural causes was forthcoming, but the death of the deceased, a young man who, up to within a very short period of his death, had enjoyed excellent health, took place under circumstances of great suspicion, which subsequently grew so strong that an inquest became imperative, and resulted in a verdict of "Wilful Murder." This was followed by the trial, conviction and execution of his murderer. The coroner, it is just to observe, was by no means a worthy member of his profession, and was subsequently removed for misconduct, But it was precisely the sort of case in which a medical coroner would have been better able to appreciate the surrounding circumstances, and to have prevented justice from being most seriously tampered with.

### 4. The Road Murder.

In 1860 there occurred that case of murder which produced so great a sensation, not only in the neighbourhood where it was committed, but throughout the whole country. The body of a little boy was found in a closet in his father's garden with his throat cut in such a manner that immediate death must have ensued. Suicide or accident were out of the question. It was clear that he had been taken out of his cot by someone in the house at an early hour in the morning to the place where his body was found, and there murdered. The coroner, the late Mr. Sylvester, surgeon, held the inquest, at which the nurse, in whose room the child slept, and who last saw him alive, the person who found the body, and the medical witnesses were examined. A verdict of wilful

murder against some person or persons unknown was returned. Much dissatisfaction was caused when weeks passed and the murderer was not discovered, and a writ *ad melius inquirendum* was moved for, it being urged that the coroner ought to have examined everyone within the house. The judges however, held that the coroner had exercised a wise discretion, and subsequent events have proved the correctness of this. The coroner completed his duty by inquiring into the cause of death, and by directing an open verdict. Magisterial inquiries served only to cast blame upon innocent persons. The truth came to light five years afterwards by the confession of the murderess, who, at the time of its committal, was a girl sixteen years of age. Though escaping the death penalty she has fully expiated her crime, and for this and other reasons I have avoided giving full details.

### 5. The Abergele Railway Accident.

The advantages of having a medical coroner were well shown at the inquest held on the remains of the unfortunate victims of the terrible Abergele disaster in the summer of 1868. In consequence of the ignition of petroleum the bodies of most of the injured passengers were reduced to charred masses. Careful examinations were made by the three local medical practitioners at the request of Dr. Evan Pierce, the coroner, and everything which medical science could do to aid in the identification of the remains was done. The coroner was treated to much unmerited abuse, because he did not permit the removal of remains which were identified as those of a deceased peer who was one of the passengers. He was not satisfied with the identification, and it subsequently transpired that the remains were actually those of a female.

## 6. The Bravo Case.

Though it is nearly sixteen years since the occurrence of what was called then the Bravo Mystery, the sensation which it created did not subside for long afterwards, and in spite of the exhaustive inquiries which followed, it still remains a mystery. The deceased died from the effects of antimonial poisoning, and at the inquest Mr. Carter, the coroner (a legal one), and the jury adopted, somewhat hastily, the conclusion that the deceased had committed suicide. Subsequent events showed this to be at least doubtful, and the coroner was ordered to hold a second inquest upon the exhumed body. This ended in an open verdict. The coroner would have been spared much annoyance had he accepted the medical evidence which was offered to him at the first inquest, but which he declined, and the country would also have been spared a great scandal.

I could have added many other cases, but these are sufficient to show that medical coroners are quite as competent as solicitors to inquire into the more extraordinary and sensational cases as into those where the inquiry ends with the inquest. There has never been a single case recorded of an inquest before a medical coroner having been quashed on appeal. Inquests before legal coroners have, on the other hand, been quashed for legal informality. Some barristers and solicitors hold the opinion that the office of coroner should be held by a member of the medical profession; some of the latter think that it should be held by one learned in the law. I have endeavoured to put the case as fairly as possible, to "nothing extenuate nor set down ought in malice." Possession we all know is nine points of the law, and as members of the legal profession form five-sixths of the total number of coroners it

is only natural perhaps that solicitors should regard these offices as their rights. Those who have to elect to these offices should be guided by judgment and not by prejudice. The number of medical coroners has increased of late years, and a reference to the appendix (pages 32 to 34) will show that their districts are by no means all small country places, but comprise large and important towns. The office which Mr. Wakley held has been strongly contested at each of the three elections which have happened since his death; strenuous efforts have been made by solicitors to secure it, but in vain. The late Drs. Lankester and Hardwicke, with Dr. Danford Thomas, the present coroner, have all been returned by substantial majorities. Three of the Middlesex coroners are doctors. Coming nearer home, the office of coroner for Cheshire is held by the veteran Mr. Henry Churton, surgeon, who has lately completed his jubilee as county coroner. In Lancashire we have two medical coroners. Wales has a very fair proportion of me lical coroners, and a large number of the coroners in Ireland are doctors or surgeons, though I have not been able to obtain a list of them. I hope that for every vacancy which may subsequently occur for the office of coroner in England or Wales, a suitable medical candidate will be forthcoming, and that he will be successful in obtaining the office. With the object of aiding all such candidates, and of giving the councillors who will have to elect them good reasons why they should do so, I have written these pages. Should they be in the least degree successful, I shall be amply rewarded.

# APPENDIX.

## LIVERPOOL CORONER'S COURT.

RETURN of INQUESTS held from the 30th September, 1890, to the 29th September, 1891.

| | Males. | Females. |
|---|---|---|
| Legitimate Infants . One year and under | 93 | 72 |
| Legitimate Infants . Above 1 year and under 7 | 36 | 32 |
| Illegitimate Infants . One year and under | 10 | 11 |
| Illegitimate Infants . Above 1 year and under 7 | 1 | 0 |
| Children above 7 and under 16 | 20 | 12 |
| Adults—16 years and under 60 | 285 | 132 |
| „ 60 „ above | 46 | 32 |
| „ Age unknown | 16 | 1 |
| Total | 507 | 292 |

FINDING OF THE JURY.

| | | |
|---|---|---|
| Murder | 2 | 5 |
| Manslaughter | 4 | 2 |
| Suicide | 31 | 8 |
| Accidental Death | 172 | 92 |
| Injuries—cause unknown | 20 | 10 |
| Suffocated whilst in bed with their parents | 79 | 65 |
| Found Drowned | 28 | 2 |
| „ Dead | 7 | 6 |
| Excessive Drinking | 63 | 42 |
| Disease, aggravated by Neglect | 3 | 3 |
| From Want, Cold, Exposure, &c. | 4 | 1 |
| Natural Causes | 55 | 36 |
| Other Causes | 39 | 20 |
| | 507 | 292 |

Total Inquests ... 799

In addition to the foregoing, there were 897 other cases of Death reported to the Coroner by the Police and others, thus making a total of 1,696 cases of Death investigated by the Coroner during the year.

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## CORONERS IN ENGLAND AND WALES.

| | |
|---|---|
| Total number ... ... ... ... ... | 331 |
| Total number of those whose qualifications are known ... ... ... ... ... | 298 |
| Of these the number having Legal Qualifications is ... ... ... ... ... ... | 247 |
| Do. Medical ... ... ... ... | 51 |
| | 298 |

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## LIST OF MEDICAL CORONERS.

| County. | Jurisdiction. | Name. |
|---|---|---|
| Bedford ... | Borough ... ... | Dr. Prior |
| Berks ... | Newbury, Borough ... | „ Watson |
| Brecon ... | South District ... | Mr. Jones |
| Bucks ... | Winslow District ... | „ De'Ath |
| Cardigan ... | Aberystwith District ... | „ Rowland |
| do. ... | Lampeter do ... | Dr. Rowlands |
| Carmarthen ... | Borough ... ... | Mr. Hughes |
| do. ... | Kidwelly District ... | „ Rowlands |
| Carnarvon ... | Weston District ... | „ Hughes |
| Cheshire ... | Birkenhead ... ... | „ Churton |
| do. ... | Chester District ... | |
| Cornwall ... | Helston, Borough .. | „ Wearne |
| do. ... | Launceston District ... | „ Thompson |
| Cumberland ... | Millom, Lordship ... | „ Stoney |
| Denbigh ... | Denbigh Division ... | Dr. Pierce |

| County. | Jurisdiction. | Name. |
|---|---|---|
| Devon ... | Southmolton Boro' .. | Mr. Sanders |
| do ... | Tiverton Boro' ... | „ Mackenzie |
| Dorset ... | Blandford and Wimborne Dist. ... | „ Parkinson |
| Dorset ... | Shaftesbury District ... | Dr. Leach |
| do ... | Sherborne and Yetminster ... | Mr. Nutt |
| Essex ... | Northern Division ... | „ Harrison |
| Gloucester ... | Lower do ... | „ Grace |
| Hertford ... | Royston District ... | „ Balding |
| Kent ... | Canterbury City ... | Dr. Johnson |
| Lancashire ... | Amounderness and Leyland Hundred ... | „ Gilbertson |
| do ... | Oldham Borough ... | „ Thomson |
| Lincoln ... | Boston District ... | Mr. Clegg |
| do ... | Caistor do ... | „ Moody |
| do ... | Kesteven and part of Lindsay ... | „ Mitchinson |
| do ... | Lincoln City ... | „ Lowe |
| Middlesex ... | Central Division ... | Dr. Thomas |
| do ... | North Eastern Dist. ... | „ Macdonald |
| do ... | Western District ... | „ Diplock |
| Monmouth ... | Chepstow Manor ... | Mr. King |
| Monmouth ... | County ... ... ... | „ Batt |
| Nottingham ... | Retford District ... | „ Housley |
| Oxford ... | County ... ... ... | „ Dixon |
| Do. ... | City ... ... ... | „ Hussey |
| Rutland ... | County ... ... ... | „ Bell |
| Do. ... | Do. ... ... ... | „ Keal |
| Salop ... ... | Oswestry Borough ... | „ Lewis |
| Do. ... ... | Wenlock do. ... | „ Tailer |
| Somerset ... | County ... ... ... | „ Craddock |
| Do. ... | Do. ... ... ... | „ Munckton |

| County. | Jurisdiction. | Name. |
|---|---|---|
| Surrey ... | Croydon Borough ... | Mr. Jackson |
| Warwick ... | Birmingham do. ... | „ Pemberton |
| Do. ... | Central Division ... | „ Wynter |
| Do. ... | Northern do. ... | „ Iliffe |
| York ... ... | County ... ... ... | „ Porter |
| Do. ... ... | Do. ... ... ... | „ Walton |
| Do. ... ... | Ripon Liberty ... ... | „ Husband |

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